



REQUEST FOR SUPPLEMENTAL PAY

Approval is requested for the employee named below to be allowed payment in addition to the regular wages for the work request below, which is performed apart from and in addition to the employee filling his/her regular university assignment and outside of the regular work hours.

Date	Employee Name	BYUH ID#	Current Title

Requesting Department	Supervisor

Beginning Date	Ending Date	Cost Center	Number of Hours	Rate of Pay	Gross Pay Due
		-			\$

Provide detail summary of work performed by employee:

Employee Agreement

Work completed was accomplished outside of my regular assignment and working hours.

Employee Signature:

Date:

APPROVALS

Requesting Department Approval

<input type="text"/>	<input type="text"/>
Signature	Date
<input type="text"/>	<input type="text"/>
Printed Name	Phone Number

Human Resource Services Approval

<input type="text"/>	<input type="text"/>
Signature	Date